## Case 3:20-cr-00249-RS Document 505 Filed 01/28/25 Page 1 of 1

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 02/2015)				TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page.								COURT USE ONLY <b>DUE DATE:</b>			
1a. CONTACT PERSON FOR THIS ORDER   2a. C				2a. CO	a. CONTACT PHONE NUMBER 3. CONTACT EMAIL							ADDRESS			
1b. ATTORNEY NAME (if different) 2b. A					b. ATTORNEY PHONE NUMBER					3. ATTORNEY EMAIL ADDRESS					
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)						5. CASE NAME						6. CASE NUMBER			
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR							8. THIS TRANSCRIPT ORDER IS FOR:  APPEAL CIVIL CJA: Do not use this form; use Form CJA24.								ached)
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)					b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)					
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hea specify portion (e.g. witness or	aring, time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
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10. ADDITION	10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).  11. SIGNATURE												2. DATE			
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